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the great principles upon which our modern nursing is founded? It is also the wish of many physicians that we be kept an illiterate, subservient body of women,—and the so-called “attendant nurse” serves the purpose of the cat’s paw between us and the medical profession, much as the barber did, not so long ago, between physicians and surgeons. As the barber still plies his old trade, so probably will the “attendant” in some capacity or other, be always with us, but that this type can best serve the interest of the community is absurd. She was tried and found wanting many years before schools of nursing were ever dreamed of.

In our organization lies our strength. North, South, East and West nurses are banded together in great associations, and these associations were founded, not in the interests of *nurses*, but of *nursing*.

First, the art, then the science, has been the experience of music and medicine, as well as nursing. We had our Sairey Gamps;” but before the surgeon, came the barber.

CHARACTERISTICS OF THE SUCCESSFUL TUBERCULOSIS NURSE¹

BY L. C. RAMBO

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We wish to discuss some of the essentials of tuberculosis nursing, under the headings, Prevention, Personality, and Tact. Of these, prevention is the foundation upon which the nurse must build her substantial schemes, aid the physician, teach the patient, and educate the public to battle successfully against the Great White Plague.

It is a significant duty to teach prevention, both to individuals and to communities. We must instruct the patient in right living. He must be thoroughly taught in order to remove, as far as possible, every danger of infection to his fellow man, an infection which is too often attributable to his carelessness. The tuberculous patient who has been properly instructed is not dangerous to other persons, in fact, he is safer to live with than is the average man or woman who makes no effort to protect other people from disease.

We realize that a majority of our patients have lost a great portion of their vitality; they can never be as vigorous as they once were, and they must be taught and shown how to conserve their physical and mental strength for the remainder of their lives.

¹ From an address given to the graduating class of the Texas Tuberculosis Sanatorium, Carlsbad, Texas.

Again, the nurse must have an individual personality. By this I mean that intangible thing which differentiates us from other individuals, which exercises a powerful influence over the sick whom we serve, and over the well with whom we associate. Nature has endowed us with certain gifts, qualities, and tendencies which must be developed in the right manner, before we can succeed. We must recognize the good and eliminate the bad. This will strengthen our weak points and aid us in cultivating a pleasing personality. The center of good character is found in the will to do right, and it cannot be too much emphasized, for when good character is present, other weaker elements are excusable; and when it is absent, nothing else can take its place. Under all circumstances the will to do right is possible to everyone. With the right think in view, all can make a beginning, and all can meet on the same plane of common faithfulness. We cannot deal with human suffering, with the desperate struggle of the fallen to get upon his feet again without being forced to meet and answer as best we can the great problem of human life and destiny.

There is another significant characteristic which must be considered, namely, tact. The tuberculosis nurse must possess extraordinary tact in dealing with the patients. In the operating rooms, technique is highly developed. The nurse who is successful in surgical nursing must spread much thought and time in perfecting her technique. She does not wait for the surgeon to make his wants known, but anticipates his every move and is ready with what is necessary. In nursing tuberculosis patients, we should often substitute tact for technique. We, of all people, must be the most tactful, if we are to get the maximum results from our patients. Like the surgical nurse, we must anticipate every situation and be ready to meet it. Once you have the confidence of the patient, it is easy to direct him in the right way of living, but we can never gain and hold his confidence unless we are in every respect worthy. We must assist the physician in changing the lives of our patients. In too many cases their personal hygiene and habits have been misdirected; their manner of living has been conducive to the development of tuberculosis; and to get lasting results we must teach them how to conduct themselves properly, in order that they may live correctly with their contracted malady. It is an easy matter to "get by," as the saying is, in nursing the patient; but if we are conscientious, we cannot allow a patient to spend his time unprofitably, and to go away without being a better individual morally, mentally, and physically.

Tact may be defined as a ready power of appreciating a situation, and of doing or saying that which is most suitable under all circumstances; in other words, it suggests that keenness of perception which

enables the nurse to prevent awkward situations and to avoid difficulties arising from temperamental differences; it is the happy art of keeping things running without friction, of smoothing out ruffled dispositions by a few well chosen remarks, or by an adroit turn in the conversation. The untactful nurse has a difficult time, her work is abrupt, her disposition is obnoxious, and her patients are upset. Although she may be conscientious and faithful, yet her untactful procedure renders her unpopular with her employers and repulsive to the patients.

Furthermore, the untactful nurse is often thought to be self-opinionated,—that is, disposed to argue points, when it really makes no difference, being confident that she is right and that the patient and his friends are wrong. Thus does she create trouble for people in authority by her inability to smooth out the minor grievances among the patients, and prevent their assuming large proportions in their minds. She is apt to feel that the patients' likes and dislikes are of small importance. Two of the best methods to use in correcting such a situation are to try continually and honestly to get the viewpoint of the other person; also to endeavor to see how he looks at the matter and to practice thinking before speaking.

A lack of sympathy is often at the bottom of a difficult situation which arises from the lack of tact. A spirit of genuine every-day kindness in a nurse is quickly felt by most patients; and one does not often find that troubles arise from lack of tact when the patient is fully convinced of the nurse's real desire and effort to be kind. Occasionally there is encountered a grouchy person who is at odds with the world in general, and on whom kindness seems to be thrown away; but these people are exceptions. To thoroughly understand the patient we must, in most cases, try to see him or to imagine him in his home environment; we must see him both alone, and with his associates.

Too often we are inconsiderate with the indigent patient; we think that he should be profoundly grateful for all that is being done for him, we frequently fail to appreciate how it must irritate some natures to become dependent on the bounty of the State. We do not realize how it must "gall" and fret a man or woman with an independent spirit to occupy a charitable bed. We forget that in most cases, an enforced stay in a sanatorium means loss of wages and heavy debt, worry over being unable to resume work soon, anxiety over family problems, over-due rent, perhaps hungry children,—all these and more. Yet in our short-sightedness we see none of these things in the background as we move in and out among the patients. We need not only tact and good judgment, but a kind heart and a sym-

pathetic mind that desires keenly to understand the whole man. We need to look beyond the standing order and the general routine.

In one bed we see a man who has struggled to make a small payment on a little home which will be his some day, provided his payments are kept up. We can readily see how difficult it is for a nurse to keep that man from worry and mental anxiety; but it must be done, if the patient is to recover. In another bed we see one whose life has been one long struggle with adversity, on whom troubles have followed fast on each other, and who looks out into the future with dread and apprehension of what it may hold for him and his dependents. Again we may see a boy or girl who has had to give up the cherished ambition of high school or college, because of the drain on his or her health. These people not only need the assistance of a specialist in this work, but they must have a brighter future pointed out to them, in order that they may get a new grasp on life.

There are so many things about our patients that we never see because we do not really try to understand them. A clear understanding of people is rarely obtained until we learn something of what constitutes pleasure to them, and what their ambitions and disappointments have been. I am sure we would be a little more patient, a little more kind, a little more attentive, and a little less mechanical, if we could see back into their lives more clearly. It is part of our duty to see these things, and to nurse the individual and not simply his disease. We must remember that we are dealing with burdened, hungry souls, as well as afflicted bodies.

The general public has only a crude knowledge of what should be expected of the tuberculosis nurse. The average physician or graduate nurse expects nothing, because in the medical schools and the training schools very little is said about tuberculosis work. Tuberculosis patients are not often accepted in hospitals where doctors and general nurses are trained. The general opinion of the uninstructed public is practically the same; they think there is nothing to tuberculosis work; that the disease is inherited and cannot be cured; in fact, that there is nothing to know about it.

We, as nurses, must be ambitious to overcome the obstacles and difficulties which are sure to arise in our particular line of work. We need to exert our best efforts in helping to standardize tuberculosis nursing. The National Association for the Study and Prevention of Tuberculosis is striving to put into practice a higher standard and we should coöperate with our specialists in their attempt to establish this standard both in the private and the public sanatoria.